U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

Name Thomas

City

1. File Number U - 7460

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Landover

5. Position in labor organization.

State Maryland

Street 4301 Garden City Drive

P McNutt

ZIP Code + 4 20785

Secretary/Treasurer

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FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failtire to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

City

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

2. Fiscal Year Covered From:

Name UFCW Local 400

Landover

State Maryland

1 / 1 / 2004 Through: 12 / 31 / 2004

ZIP Code + 4 20785

4. Name, file number, and address of labor organization.

Labor Organization File Number 005-511

P.O. Box, Building and Room Number, if any

Street 4301 Garden City Drive

6. Name and address of Employer (including trade name, if any).		7.a. Na	7.a. Nature of Interest, Transaction, or Income.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., i	f any				
		7.b. Amount.			
Street					
City					
State	ZIP Code + 4				
		Signature			
submitted in this report (inclu undersigned's knowledge ar	uding the information contained in any ac nd belief, true, correct, and complete. (So	ccompanying docu	ments), has been ex	penalties of the law, that all of the information emined by the signatory and is, to the best of the citions.)	
Signed Nomula	P.Mahutt	On	3/24/2006	301.459.3400 ext 264	